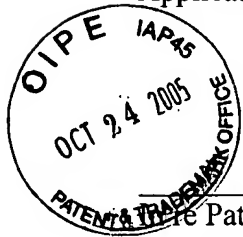


Application No: 10/614,342

Atty. Docket No.: 204552029200



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of:  
Shinichi NAGAHAMA et al.

Application No.: 10/614,342

Filed: July 8, 2003

For: NITRIDE SEMICONDUCTOR DEVICE  
COMPRISING BONDED SUBSTRATE AND  
FABRICATION METHOD OF THE SAME

Confirmation No.: 7861

Art Unit: 2815

Examiner: Allan R. Wilson

**INTERVIEW SUMMARY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Applicants submitted a Supplemental Information Disclosure Statement on September 26, 2005, with the statement that it was being submitted after receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance. Unbeknownst to the undersigned, a Notice of Allowance was mailed on September 6, 2005. Subsequently, the undersigned called the Examiner to discuss the filing of the IDS on October 19, 2005. The Examiner called the undersigned and left the following message for the undersigned:

Hello! This is Examiner Allan Wilson returning your call about case No. 10/614,342. Yes, I have taken a look at that quickly this morning and the IDS seems to be in order. We will have to charge a fee since it is after the Notice of Allowance, but it looks like you have the statement in there being from a foreign patent office. We just need to charge the fee and I should be able to look at that and let you know whether it is alright or not and send you a copy of the IDS signed off. Alright, if you have any more questions my number is still 571-272-

10/26/2005 HALI11 00000058 031952 10614342

01 FC:1806 180.00 DA

Application No: 10/614,342

Atty. Docket No.: 204552029200

1738. Again, it is Allan Wilson, Case No. 10/614,342. My number is 571-272-1738. Bye.

Applicants authorize the Examiner to charge the requisite fee and would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

In the unlikely event that the transmittal form is separated from this document and the Patent Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petition for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to **Deposit Account No. 03-1952** referencing 204552029200.

Dated: October 24, 2005

Respectfully submitted,

By 

Raj S. Davé

Registration No.: 42,465

MORRISON & FOERSTER LLP

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Washington, DC 20006

(703) 760-7755

(703) 760-7777 -



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

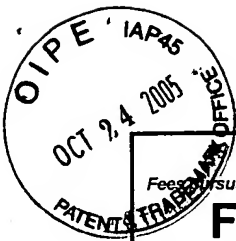
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/614,342
		Filing Date	July 8, 2003
		First Named Inventor	Shinichi NAGAHAMA
		Art Unit	2815
		Examiner Name	A. R. Wilson
Total Number of Pages in This Submission	4	Attorney Docket Number	204552029200

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Return Receipt Postcard Interview Summary</b>
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Raj S. Davé		
Date	October 24, 2005	Reg. No.	42,465



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/614,342
		Filing Date	July 8, 2003
		First Named Inventor	Shinichi NAGAHAMA
		Examiner Name	A. R. Wilson
		Art Unit	2815
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	204552029200
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>180.00</b>

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_\_ - = \_\_\_\_\_ x \_\_\_\_\_ = 0.00

**Multiple Dependent Claims**  
**Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_\_ = 0.00

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_\_ - = \_\_\_\_\_ x \_\_\_\_\_ = 0.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_\_ - 100 = \_\_\_\_\_ /50 \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = 0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount) 0.00  
Other (e.g., late filing surcharge): **1806 Information Disclosure Statement** 180.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	42,465 Telephone (703) 760-7755
Name (Print/Type)	Raj S. Davé	Date	October 24, 2005